PATENT APPLICATION FEE DETERMINATION RECORD

Application	Of	Docket	Number	

Effective December 29, 1999									09	16	456	73	
CLAIMS AS FILED - PART I (Column 1) (Column 2)									LENTITY	OR	OTHER SMALL		
FC	R		NUMBE	R FILED			REXTRA	<u> </u>	RATE	FEE	ا آ	RATE	FEE
ВА	SIC FEE				121/			3 2		345.00	OR		690.00
TOTAL CLAIMS 65 minus 20= + 45							X\$ 9=		OR	X\$18=	810		
INDEPENDENT CLAIMS \(\frac{1}{5} \) minus 3 = \(\frac{1}{5} \)							X39=		OR	X78=	39 C		
MULTIPLE DEPENDENT CLAIM PRESENT								+130=	1	OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2							=	TOTAL	_	OR	TOTAL	1890	
CLAIMS AS AMENDED - PART II							2)		LENTITY	OR	OTHER	THAN	
ENT A		CL REM A	UMN 1) AIMS IAINING FTER NDMENT		PR	olumn 2) HIGHEST NUMBER EVIOUSLY PAID FOB	PRESENT EXTRA	٦ ۱	RATE	ADDI- TIONAL FEE	1	RATE	ADDI- TIONAL FEE
AMENDMENT	Total		38	Minus	**	65	= /]	X\$ 9=		OR	X\$18=	
AME	Independent	*	3	Minus	***	S 21 41	=	4	X39=		OR	X78=	
	FIRST PRESE	NIAII	JN OF MU	JLTIPLE DEF	END	ENI CLAI	M (┙╽	+130=		OR	+260=	
								l	TOTA ADDIT. FE		OR	TOTAL ADDIT. FEE	
		(Co	lumn 1)			olumn 2)	(Column 3		A0011.1 L	_		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
MENDMENT B	a a	REN A	LAIMS MAINING FTER NDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	35	Minus	**	38	=		X\$ 9=		OR	X\$18=	
AME	Independent		//	Minus	***	8	= 3		X39=		OR	x78-4	250
È	FIRST PRESE	:NIAII	ON OF MI	JLIIPLE DEI	LND	ENI CLA	IM	-	+130=		OR	+260=	0
								1	TOTA		┪ _{╱╏} ╵	TOTAL	
		(Co	lumn 1)		(C	olumn 2)	(Column 3		ADDIT. FE	C 1	-	ADDIT. FEE	<u> </u>
AMENDMENT C		REM A	LAIMS MAINING FTER NDMENT		I PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT	7 1	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent			Minus	***		=	41	X39=		OR	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +130=								1	+260=	Ì			
	If the entry in colu If the "Highest Nu							20."	TOTA		OR	TOTAL	
	II alo i ligitoscita	b.a. D			C CD	ACE is less.	Ab 0 4 40	/	ADDIT. FEI	- 1		ADDIT. FEE	ь

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

To bet Fee Colomba de d						
<u>Σπ. 1: 1:</u>	Tare: Newsyle 4 Tare: 19	7 ·				
Description of the Control of the Co	65 <u>45</u> 8 <u>5</u>	690 - 690 18 - 810 78 - 390 130 2020				
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Less Filling Fees Submitted (1952)	2,020.00	A Alleger				
OFFICE OF PRICE EN 1200	2020,00	BEST AVAILABLE COPY				